

**Application Data Sheet**

**APPLICATION INFORMATION**

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD Disks:

Number of Copies of CDs::

Sequence Submission?::

Computer Readable From (CRF)?:: No

Number of Copies of CRF::

Title:: IMMUNOTHERAPY WITH *IN VITRO*-SELECTED  
ANTIGEN-SPECIFIC LYMPHOCYTES AFTER  
NONMYELOABLATIVE LYMPHODEPLETING  
CHEMOTHERAPY

Attorney Docket Number:: 233876

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 0

Small Entity?:: No

Latin Name::

Variety denomination name::

Petition Included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

10/526697

DT01 Rec'd PCT/PTC 03 MAR 2005

**APPLICANT INFORMATION**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Mark  
Middle Name:: E  
Family Name:: DUDLEY  
Name Suffix::  
City of Residence:: Silver Spring  
State or Prov. of Residence:: MD  
Country of Residence:: US  
Street of mailing address:: 6011 Cody Drive

City of mailing address:: Silver Spring  
State or Province of mailing address:: MD  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 20902  
Inventor Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Steven  
Middle Name:: A  
Family Name:: ROSENBERG  
Name Suffix::  
City of Residence:: Potomac  
State or Prov. of Residence:: MD  
Country of Residence:: US  
Street of mailing address:: 10104 Iron Gate Road

City of mailing address:: Potomac  
State or Province of mailing address:: MD  
Country of mailing address:: US

Postal or Zip Code of mailing address:: 20854  
Inventor Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: John  
Middle Name:: R  
Family Name:: WUNDERLICH  
Name Suffix::  
City of Residence:: Bethesda  
State or Prov. of Residence:: MD  
Country of Residence:: US  
Street of mailing address:: 10113 Parkwood Terrace  
  
City of mailing address:: Bethesda  
State or Province of mailing address:: MD  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 20814

**CORRESPONDENCE INFORMATION**

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**REPRESENTATIVE INFORMATION**

Representative Customer Number 1:: 45733  
Representative Designation:: Registration Number:: Representative Name::

10/526697

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**DOMESTIC PRIORITY INFORMATION**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/US2003/027873	09/05/03
PCT/US2003/027873	An application	60/408,681	09/06/02
	claiming the benefit		
	under 35 USC		
	119(e) of		

**FOREIGN APPLICATION INFORMATION**

Country::	Application Number::	Filing Date::	Priority Claimed
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**ASSIGNEE INFORMATION**

Assignee name::	Government of the United States of America, represented by the Secretary, Department of Health and Human Services
Street of mailing address::	Office of Technology Transfer 6011 Executive Boulevard, Suite 325
City of mailing address::	Rockville

10/526697

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State or Province of  
mailing address:: MD

Country of mailing  
address:: US

Postal or Zip Code of  
mailing address:: 20852